

Connecticut Department of Mental Health and Addiction Services
Institutional Review Board - Office of the Commissioner
Quality Management & Improvement
410 Capitol Avenue MS # 14
PO 341431
Hartford, CT 06134

APPLICATION TO INCLUDE PRISONERS IN PREVIOUSLY APPROVED STUDY

Please complete form electronically, print out and submit signed copy, along with required study documents. Application and related materials may be forwarded to the IRB chair electronically but must be followed by a signed hard copy.

Date of Request:
Title of Study:
DMHAS Study ID Number:
Date of most recent OOC IRB Approval:
Principal Investigator
Name and Title:
Address:
City:
State:
Phone:
Fax:
E-mail:

Alternate contact if applicable:
Name and Title:
Address:
Phone:
Fax:
E-mail:

Co-investigators/institutional affiliation

Name:	Title:	Institution:
Name:	Title:	Institution:
Name:	Title:	Institution:
Name:	Title:	Institution:
Name:	Title:	Institution:

Other IRB approvals of prisoner involvement (please note date and attach approval):

Please note section of applicable regulation (46.306) under which inclusion of prisoners in this study is permitted and explain how the regulation applies to this study:

Are any study participants assigned to a no-treatment group? ☐ yes ☐ no

Are any participants assigned to a comparison group? ☐ yes ☐ no. If yes, please describe comparison intervention:

Brief summary of study including the goal and the research intervention(s):

Please note specifically what intervention will occur in the prison setting, the number of planned contacts with the participant, the time involved in each contact and the period of time over which contact in the prison setting will occur:

Will any prisoner participants derive benefit from involvement in this study? ☐ yes ☐ no If yes, please describe the benefit:

Please include copy of consent form to be utilized in the prison setting (a consent form not originally developed for prisoner populations is not sufficient).

Principal Investigator - Signature

Date